



Volunteer Application Form

Name: _____

Address: _____ Phone: _____

(Please indicate P.O. Box)

City: _____ State: _____ Zip: _____

Date of Birth: _____ S.S. #: _____

Email: _____

In case of emergency, contact person and phone:

Previous volunteer experience:

When you think of volunteering, what kinds of things interest you?

List any special talents or skills that you would be willing to share:

Are you interested in short term projects? _____

Do you speak a foreign language? If so, please list: _____

Please circle the days and hours that you will be available:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday AM or PM

Please list two people who would be willing to serve as a personal reference.

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED: ____/____/____ **ORIENTATION DATE:** ____/____/____

SERVICE AREA: _____ **SHIFT:** _____

DEPARTMENT SUPERVISOR: _____

Please mail completed application to: Volunteer Services
New London Hospital
273 County Road
New London, NH 03257